

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4						
5	1					
6	0					
7	0					
8	0					
9	0					
10		1				
11		1				
12		1				
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50						
TOTAL IND.		2				
TOTAL DEP.		8				
TOTAL CLAIMS		10				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						